



REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/767,374
Filing Date	January 22, 2001
First Named Inventor	James Thompson
Art Unit	2452
Examiner Name	Dohm Chankong
Attorney Docket Number	062891.2756 Confirm No. 2543

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ **Enclosed**
- i. ☒ **Amendment/Reply**
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ **Information Disclosure Statement (IDS)**
- iv. ☐

2. **Miscellaneous**

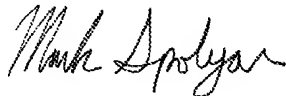
- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.117(i) required)
- b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

- a. ☒ **The Director is hereby authorized to charge the following fees to:**
Deposit Account No. 02-0384 of Baker Botts L.L.P.
- i. ☒ **\$810.00 RCE fee required under 37 C.F.R. 1.17(e)**
- ii. ☐ **One-month extension of time fee (37 C.F.R. 1.136 and 1.17)**
- iii. ☐ **Other: \$____.00 to cover additional Claims _____.**
- b. ☒ **The Director is hereby authorized to charge any additional fees or credit any overpayments to: Deposit Account No. 02-0384 of Baker Botts L.L.P.**
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print / Type)	Mark J. Spolyar	Registration No. (Attorney/Agent)	42,164
Signature		Date	November 1, 2010